

**OFFICE USE ONLY**

ISSUED _____

LICENSE NO. _____

Washington State Department of Agriculture
Food Safety & Animal Health Division
Dairy Program
PO Box 42591
Olympia WA 98504-2591
(360) 902-1875

CASHIER USE ONLY**4001****APPLICATION FOR A MILK PROCESSING PLANT LICENSE**

| | |
|------------------------------------|-------------------------|
| APPLICANT NAME AND MAILING ADDRESS | PHYSICAL PLANT LOCATION |
|------------------------------------|-------------------------|

| | | | |
|--------------------------------|---|------------------|--------|
| <input type="checkbox"/> OWNER | <input type="checkbox"/> MANAGER NAME (Type or Print) | TELEPHONE NUMBER | COUNTY |
|--------------------------------|---|------------------|--------|

Firm operates as:

☐ Individual☐ Partnership☐ Cooperative☐ Corporation

List name and address of all partners and/or officers below:

NAME

TITLE

ADDRESS (Include city, state, zip code)

Change of Address (if different from above): _____

Name of Manager: _____

CHECK PRODUCTS PROCESSED OR MANUFACTURED: (Check Grade A if applicable)GRADE A☐ Fluid Milk and Cream☐ Condensed Milk☐ Evaporated Milk☐ Cottage Cheese☐ Dry Milk Products☐ Other _____MANUFACTURED☐ Condensed Milk Products☐ Evaporated Milk☐ Cottage Cheese☐ Dry Milk Products☐ Frozen Desserts☐ Mix☐ Butter☐ Cheese☐ Other _____**FEE:**

Processor License\$25.00

License expires June 30.

MAKE CHECK PAYABLE TO: Department of Agriculture**SEND TO:** Washington State Department of Agriculture
Attention: Fiscal Office
PO Box 42591, Olympia, WA 98504-2591_____
SIGNATURE OF OWNER OR MANAGER_____
DATE

Checks returned by the bank will be charged a handling fee of \$25.00.
(RCW 62A.3.515 (a) and 62A.3.520)